

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062863

1. Entity Name
BENEFITS, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90013 035 ***150.00

0478638

Principal Place of Business
**120 UNIVERSITY PARK DR
#230
WINTER PARK FL 32792
US**

Mailing Address
**P.O. BOX 4669
WINTER PARK FL 32793
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1340 Oxford Road
Suite, Apt. #, etc.

3. Mailing Address
1340 Oxford Road
Suite, Apt. #, etc.

City & State
Maitland, Florida

City & State
Maitland, Florida

Zip
32751

Country
USA

Zip
32751

Country
USA

4. FEI Number
59-3335809

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STEINBERG, BARBARA
120 UNIVERSITY PK DR
230
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1340 Oxford Road
City
Maitland **FL** Zip Code
32751

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	STEINBERG, BARBARA		NAME		
STREET ADDRESS	120 UNIVERSITY PARK DR, #230		STREET ADDRESS	1340 Oxford Road	
CITY-ST-ZIP	WINTER PARK FL 32972		CITY-ST-ZIP	Maitland, FL 32751	
TITLE	VP	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	THOMAS, WAYNE		NAME		
STREET ADDRESS	120 UNIVERSITY PARK DR, #230		STREET ADDRESS	1340 Oxford Road	
CITY-ST-ZIP	WINTER PARK FL 32972		CITY-ST-ZIP	Maitland, FL 32751	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **4/10/01** **657-0697**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)